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Bib Data Sheet

CONFIRMATION NO. 4951

SERIAL NUMBER 10/024,269	FILING DATE 12/18/2001 RULE	CLASS 422	GROUP ART UNIT 1743	ATTORNEY DOCKET NO. ERIE / 73
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APPLICANTS

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** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
 ** 01/29/2002

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature: <i>[Signature]</i> Initials: <i>[Initials]</i>	STATE OR COUNTRY NH	SHEETS DRAWING 3	TOTAL CLAIMS 44	INDEPENDENT CLAIMS 8
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 26875
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TITLE
 Slide case with removable rack

FILING FEE RECEIVED 1592	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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